

INFORMATION REPORT

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1. In 1947 a central agency for public health was established in Germany by the Russian military administration. In appraise world opinion it was necessary at that time to take some action which would appear to ameliorate the catastrophic health conditions existing in the zone. This central agency for public health was under the direction of Professor (fnu) Linser. Though not a member of the SED, he does have excellent connections in Karlshorst. He is presently chairman of the Aid for Korea Committee and has been a willing mouthpiece for Kiser's charges that the Allies use bacteriological warfare.
2. A combined Ministry of Labor and Social Welfare was established in 1949. Luitpold Steidle (COU), retired colonel, former chief of the Central Administration for Agriculture and Forestry and member of the Free Germany Committee, was appointed to head this ministry. In December 1949 an independent Ministry of Public Health was established. This ministry was soon staffed with loyal SED members. The post of State Secretary within the Ministry was given to Jenny Katern (SED). During the past year the number of loyal SED followers in the ministry has increased to 130.
3. The Ministry of Public Health is subdivided into the following main departments:
 - a. Administration
 - b. Personnel
 - c. Medical Care
 - d. Mother and Child
 - e. Hygienic Inspection
 - f. Medical Science and Research

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4. Dr. (fnu) Markusson (SED) is chief of the Main Department for Medical Care. Dr. Markusson had been in Russia since 1935, and returned to Germany in 1945 to head a medical school in Berlin-Lichtenberg.

Käte Kern and Dr. (fnu) Neumann head the Main Department for Mother and Child.

Professor (fnu) Walther heads the Main Department for Hygienic Inspection. Professor (fnu) Zetkin, son of Klara Zetkin, is chief of the Main Department for Medical Science and Research.

5. Appropriations for public health are included in the budgets of the central government, the Länder, the Kreise and the municipalities. 1951 revenue earmarked for public health was contributed by the following:

Central government	241,000,000 DME
Länder	16,000,000 DME
Kreis	27,000,000 DME
Municipalities	14,000,000 DME
Berlin	38,000,000 DME

1951 expenditures for public health were as follows:

Central government	784,000,000 DME
Länder	164,000,000 DME
Kreise	281,000,000 DME
Municipalities	131,000,000 DME
Berlin	100,000,000 DME

The sum total of expenditures includes expenditures for the medical facilities of the People's Police and the prisons. Several budgetary allocations are not, however, directly concerned with public health. Several millions were expended on state-owned Bad Elster and Bad Brambach. The latter is still used mainly by Soviet Army personnel and miners.

6. Actual and planned public medical facilities are as follows:

	<u>1951</u>	<u>1952</u>	<u>Five Year Plan</u>
Hospital beds (public & private)	171,000	177,000	173,000
Sanatoria beds	7,050	7,770	9,750
Polyclinics	125	163	
"Ambulatoria"	327	287	1,192
"Land-Ambulatoria"	167	226	
Industrial polyclinics	37	54	4,061
Industrial "Ambulatoria"	94	148	
Nurseries (capacity)	7,164	10,829	12,300
Pharmacies	942	912	946
Polyclinic pharmacies	508	578	554
Physicians, state	5,995	7,230	7,830
Medical aid personnel	51,500	54,900	52,500
Midwives	771	1,540	1,310

7. Official DDR statistics register only a minimum number of TB cases. That the incidence of tuberculosis is higher is indicated by the fact that 1951 expenditures for TB hospitals amounted to 144,000,000 DME, whereas the total spent on other hospitals amounted to 572,000,000 DME.

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8. Of the 26,000,000 DM planned for investment in public health in 1951, only 11,200,000 DM were allocated. The difference between planned investments and actual investments was caused by a shortage of available technical equipment and by the fact that public health was low on the priority list for the allocation of materials.
9. Medical facilities in the critical industrial areas are being expanded (Fürstenberg, Salze, Stralsund). New large hospitals are being built in Bad Berka and in Aue. The installations in Bad Berka are allegedly to be used for TB cases. It is reported, however, that hospital facilities in Bad Berka are to be placed at the disposal of the DDR "defense army".
10. Medical care for the population suffers from a shortage of physicians and medicines. Physicians are offered contracts to work in public health installations with salaries ranging from 1,500 to 3,000 DM per month. Despite the salary and "special advantages" the DDR is experiencing difficulty in filling public health posts. At present there are approximately 9,000 physicians with private practices. An attempt is being made to reduce this number through the application of stricter controls on permits to practice, etc. A critical shortage of specialists exists; the political pressure is encouraging defections to the West.
11. Political awards, such as "Verdienter Arzt des Volkes", seem to be more important than actual competence. At the last surgical congress held in the DDR in the fall of 1951 State Secretary for Public Health Latern commented with some amazement that few really competent physicians deserving merit had received a decoration. The "progressive" methods of Pavlov and other Russian specialists were ill-received at the congress. Participants walked out during Professor Zetkins readings of Russian methods.
12. The training of young people (Nachwuchs) for medical careers is an acute problem, for students avoid medical and pharmacy schools. Fifty percent of the required courses in medical schools have to do with "social" themes. A further requirement at the final state examination is a knowledge of the Russian language.
13. Approximately two-thirds of the pharmacies in the DDR are privately owned. Many of them are in straits because of the heavy financial burden placed on them by taxes and because of the short supply of medicines and drugs. The important antipyretics and antibiotics are unavailable. Every Land has a supply of a few important medicines which are stocked in a medical depot. These supplies, however, are issued only to "special" groups. Particularly scarce or not available at all are "PAS", streptomycin, aureomycin and chloromycetin. Penicillin is available but usually refrigeration facilities are lacking at the medical depots. The polyclinic pharmacies receive supplies on a preferential basis from the Pharmacy and Hospital Supply Trade Center (DHZ Pharmazie u. Krankenhausbedarf) whereas the privately-owned pharmacies have to seek out sources of supply. A favorite means used to appropriate a privately-owned pharmacy is to bring a charge that it is selling West German medicines.
14. In July 1951, the Pharmacy and Hospital Supply Trade Center concluded marketing contracts with VEB pharmaceutical producers according to which the entire production of medicines and drugs were to be delivered only to the trade centers. The trade centers could not fulfill their functions, thus by slowing down deliveries to pharmacists even more. This maneuver had been designed to cut out the privately-owned wholesale pharmaceutical establishments.
15. Health resort and spa facilities are entirely insufficient. Existing facilities do not meet the needs of the population. Equipment is antiquated and investments are not being made. The spas of Czechoslovakia and Polish-occupied Silesia are visited by select DDR functionaries but this is not mentioned by the SED press.

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